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PTO/SB/81 (06.04)
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to g collection of information unless it displays a valid OMB control number. Under the Paparacrit Reduction Act of 1995, no paraces are required to respond to a collection of informa-10/758.035 Filing Date 1/20/2004 **POWER OF ATTORNEY** Chin-Chin Halah and Title Electronic Ear Thermometer ... **CORRESPONDENCE ADDRESS** Art Unit 2650 INDICATION FORM Frankos Here Pruchnic, Stanley J OP-062000395 Attorney Doctot Humber I hereby appoint: 46103 Practitioners associated with the Customer Number: OR Practitioner(s) named below: Registration Number as mylour eliturney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and Trademark Office consected therewith. e recognize or change the correspondence address for the above-klantified application to: The address associated with the above-mentioned Customer Number: OR The address suscipled with Costomer Number: Firm or Individual Nume Address Address Shelo ZÞ CIV Country Telephone em the Applicant/leventor. Assignce of record of the entire interest. See 37 CFR 3.71. nt under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record (If sasignee, put reme, title and company name in the "Nume" space below) Name Chin-Chin Huluh 15:005 Telephone Sth 2292821 NOTE: Signatures of all the inventors or assignment of incord of the entire laterant or their representative(s) are required. Subset restlicts forms there are signature in required, see believ?. "Total of forms are automitted. This collection of information in required by 37 CFR 1,31 and 1,33. The information is required to obtain or minds a benealt by the public which in to the (userTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 3 minutes to complete including gethoring, preparing, and nuturalling the complete application form to the USPTO. Then will very depending upon the helicitud cause. Any comment of time you require to complete take form sorts reggestions for reducing this burder, should be sent to the CAMP intermediate Officer, U.S. Peter and Tradement Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1455. DO MOT SEND FEES OR COMPLETED PORMS TO THE ADDRESS, SEND TO: Commissioner for Palants, P.O. Box 1450, Alexandria, VA 22313-1455. If you need assistance in comploting the form, cell 1-800-PTO-0199 and select option 2.